

<input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
NOTICE TO WITHHOLD INCOME FOR SUPPORT	

Date of Notice: _____

To: Name of Employer, Trustee, or Other Payor of Funds: _____
 Address: _____
 Phone Number: _____

Colorado employers, trustees, or other payors of funds must comply with §14-14-111.5, C.R.S.

Re: Name of Obligor: _____ Social Security Number: _____
 Family Support Registry (FSR) Account Number: _____
 Name of Obligee: _____

Full Name of Child	Date of Birth

Notice Information.

This is a Notice to Withhold Income for Support based upon an order for support from _____ . By law, you are required to deduct these amounts from the above-named employee's/obligor's income until you are notified in writing by the Obligee, Obligee's representative, the child support enforcement unit, or the Court, even if the Notice is not issued by your State.

If checked, you are required to enroll the child(ren) identified above in any health/dental insurance coverage available through the employee's/obligor's employment.

The total monthly obligation is as follows:

- \$ _____ per month in current child support
- \$ _____ per month in past due support at _____ % interest (1/24th of total)
- \$ _____ per month in current maintenance
- \$ _____ per month in past due maintenance at _____ % interest (1/24th of total)
- \$ _____ per month in medical/dental support

Total monthly payment of \$ _____ to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the monthly ordered support payment cycle, use the following to determine how much to withhold:

Note: Colorado state law requires that you divide the withholding among the pay periods for the month, but the total amount withheld in a month must equal the monthly amount due as specified on the income assignment.

- \$ _____ per weekly pay period
- \$ _____ per biweekly pay period (every two weeks)
- \$ _____ per semimonthly pay period (twice a month)
- \$ _____ per monthly pay period

Remittance Information

You must begin withholding no later than the first pay period occurring 14 working days after the date of this Notice. Send payment within 7 working days of the paydate/date of withholding. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of the employee for the allowable amount. The total withheld amount, including your fee, cannot exceed 65% of the employee's/obligor's aggregate disposable weekly earnings, (see #9).

- Mail to the Family Support Registry
P. O. Box 2171
Denver, CO 80201-2171
**Include the pay date, date of withholding,
and FSR number.**
- or Mail directly to the Obligee at this address:

Additional Information to Employers and other Withholders

If checked you are required to provide a copy of this form to your employee.

1. **Priority:** Withholding under this Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this notice have priority. If there are Federal tax levies in effect please contact the requesting Federal agency.
2. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
- 3.* **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding notice and forward the support payments.

- 4.* Employee/Obligor with Multiple Support Withholdings:** If there is more than one Notice to Withhold Income for Support against this employee/obligor and you are unable to honor all support Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Notices to the greatest extent possible. (see #9)
- 5. Termination Notification:** You must promptly notify, in writing, the payee or the FSR, if payments are made through the FSR, when the employee/obligor is no longer working for you. Please provide the information requested and return a copy of this Notice to the payee or the FSR, if applicable.
- Employee's/Obligor's Name: _____
 Employee's Case Identifier: _____ Date of Separation: _____
 Last Known Home Address: _____
 New Employer's Name & Address: _____
- 6. Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay.
- 7. Liability:** If you fail to withhold income as the Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by State law.
- 8. Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a support withholding.
- 9.* Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 USC §1673 (b); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; and Medicare taxes.

***NOTE:** If you or your agent are served with a copy of the order in the state that issued the notice you are to follow the law of the state that issued the order with respect to these items.

NOTICE: A fraudulent submission of a Notice to Withhold Income for Support shall subject the person submitting the Notice to an employer, trustee, or other payor of funds to a fine of not less than one thousand dollars and court costs and attorney fees. (§14-14-111.5(4)(n) C.R.S.)

CERTIFICATE OF MAILING

I certify that on _____ (date), I sent the original Notice to Withhold Income for Support and a certified copy of the Support Order to the Obligor's employer by United States Mail, first class postage prepaid, addressed as follows:

and

I certify that I sent a copy of the Notice to Withhold Income for Support and a certified copy of the Support Order to the Obligor by United States Mail, first class postage prepaid, addressed as follows:

and

I certify that I filed a copy of the Notice to Withhold Income for Support with the Court.

Date: _____

 Signature (Obligee or Obligee's Representative)